

Oklahoma Home Visiting  
Annual Outcomes Report  
State Fiscal Year 2017

December 1, 2017

**Submitted to:**

Governor Mary Fallin  
Oklahoma State Legislature  
Oklahoma Commission on Children and Youth

**In accordance with:**

The Family Support Accountability Act  
Title 10 O.S. §601.80

**By:**

Smart Start Oklahoma  
Oklahoma Partnership for School Readiness (OPSR)  
Oklahoma State Early Childhood Advisory Council

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## **ACKNOWLEDGEMENTS**

On behalf of the Oklahoma Partnership for School Readiness (OPSR), I would like to thank the Oklahoma State Department of Health (OSDH) for their assistance in collecting and providing data on program outcomes and expenditures for this report. Thank you to Annette Jacobi, Program Director and John Delara, Epidemiologist, Family Support and Prevention Service for their assistance. The OSDH has transparently provided data and expenditures for this accountability report with the knowledge and confidence that their programs are making a difference for families in Oklahoma. They have also agreed to consider the quality improvement recommendations for areas in which they can improve family outcomes.

Thank you to Representative John Echols and Senator A.J. Griffin for authoring H.B. 2157 The Family Support and Accountability Act of 2015, which received overwhelming support in both the House and the Senate due to their leadership and support.

Thank you Sarah Ashmore, primary author of this report. Sarah was able to compile the data on all home-based family support programs into one report in a clear and concise manner for the Governor, Legislature and the Oklahoma Commission on Children and Youth. For the first time state leaders have the opportunity to see the big picture of costs and effectiveness of this valuable component of Oklahoma's early childhood system.

Thank you to David Bard, PhD, Jane Silovsky, PhD, OU Health Sciences, and Lana Beasley, PhD, Oklahoma State University for their guidance and review in the development of this report. We value the contribution of our research partners in ensuring the highest level of quality in the programs that families receive.

Finally and most importantly, thank you to the providers of home-based family support programs for your dedication to serving families and for collecting the data for this report. It takes courage to have your work scrutinized! We appreciate what you do every day for the families that you support and for allowing us to share the results of your efforts. We hope this report will serve as a guide for your work to improve outcomes for your families.

Our children are our future. Their parents are their first and most important teacher, providing mentoring and guidance beginning at birth. Families under stress need a helping hand and home visiting programs can make the difference. The evidence presented in this report demonstrates that families who participate are on track to saving the state money from more costly interventions later.

The OPSR will continue to support and encourage efforts to increase state investments for home-based family support programs as a smart decision for our state's economy!

Debra Andersen, Executive Director

## EXECUTIVE SUMMARY

Strong, stable families are the cornerstone of child health and well-being. But far too many Oklahoma families struggle to provide the kinds of nurturing environments young children need to thrive. Parents may be motivated to do well by their children, but lack the experience, family and social supports, mental health and substance abuse treatment, or other resources essential to providing the safe, enriching environments children need to prosper.

Home-based family support services, also known as home visiting, is one tool the state has been using for two decades to protect Oklahoma children. Oklahoma's home visiting system targets interventions to parents of young children to prevent abuse and neglect and ensure children are ready to enter and succeed in school. These evidence-based programs are provided to expecting mothers and parents of children less than six years of age. Providing information, education, developmental assessments, and targeted interventions, home-based family support services teach parents about all facets of caregiving from proper nutrition and health, to typical developmental milestones and appropriate discipline techniques.

Caregivers who have participated in home-based family support programs report, that among other things, the services:

- Improved their parenting skills;
- Helped them better understand their child's development;
- Helped them address concerns about their child's behavior or development; and
- Helped them access health or other services for their child.<sup>1</sup>

Research has proven evidence-based models of home-based family support services lead to fewer instances of child abuse and neglect, improved child health, and improved child development that results in less need for expensive remedial education.<sup>2</sup> When properly implemented in communities, these programs have shown returns on investment ranging from \$1.26 to \$5.70.<sup>3</sup>

Oklahoma has a long-standing history of implementing high-quality home-based family support services. However, effectively measuring what works across the home visiting system has historically had its challenges. Different program models collect and measure different data. Programs vary in their length, intensity and populations served. Oklahoma is not alone in this struggle. States across the country have strived to implement assessment practices necessary to facilitate large-scale program reporting. Recognizing the need to better understand the outcomes of home-based family support services and

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<sup>1</sup> Oklahoma Partnership for School Readiness Parent Survey. (2017).

<sup>2</sup> Avellar, S.A., Supplee, L.H. (2013). Effectiveness of Home Visiting in Improving Child Health and Reducing Child Maltreatment. *American Academy of Pediatrics*. 2013;132(2):S90.  
[http://pediatrics.aappublications.org/content/pediatrics/132/Supplement\\_2/S90.full.pdf](http://pediatrics.aappublications.org/content/pediatrics/132/Supplement_2/S90.full.pdf).

<sup>3</sup> Karoly, L.A., Kilburn, M.R., and Cannon, J.S. (2005). *Early Childhood Interventions: Proven Results Future Promise*. Rand Corporation, Santa Monica, CA.  
<http://www.rand.org/pubs/monographs/MG341.html>.

implement systemic improvements, the state legislature introduced the Home Visiting Accountability Act during the 2015 legislative session.

In May 2015, Governor Mary Fallin signed into law the Home Visiting Accountability Act after it was passed with overwhelming support by both the House and the Senate.<sup>4</sup> The new law required the State Early Childhood Advisory Council to establish statewide metrics by which to measure the performance outcomes of all state-funded and state-implemented home visiting programs. The Act also required the State Early Childhood Advisory Council to submit an annual outcomes report to the Governor and Legislature detailing program and participant characteristics, outcomes achieved, state expenditures, and recommendations for quality improvements and future investments.

The Oklahoma Home Visiting Outcomes Measurement Plan<sup>5</sup> was submitted in accordance with this Act on January 1, 2016. This annual outcomes report was prepared according to the requirements of the Act and the Outcomes Measurement Plan, and is designed to inform policymakers and practitioners about the home visiting system's impact on families and children in Oklahoma. This report is also intended to examine the current state of Oklahoma's home visiting system and determine strategies for improvement.

Programs began collecting data for this annual outcomes report on July 1, 2016 and ended June 30, 2017. As the first year of data collection for these metrics, the outcomes contained in this report will create a baseline for establishing long-term goals, measuring progress and implementing strategies for quality improvement.

### **Outcome Metrics to be Reported Annually**

<b>Goal</b>	<b>Outcome</b>	<b>Measurement</b>
Improve prenatal, maternal, infant or child health outcomes	Preterm birth rates	Percent of women who had a preterm birth
	Parental substance abuse	Percent of parents who report substance abuse
	Parental tobacco use	Percent of parents who report use of smoking tobacco
	Interbirth interval	Percent of mothers participating in home visiting before the target child is 3 months old who have an interbirth interval of at least 18 months

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<sup>4</sup> Title 10 O.S. §601.80

<sup>5</sup> (2016). Oklahoma Home Visiting Outcomes Measurement Plan. Oklahoma Partnership for School Readiness, Oklahoma City, OK.  
<http://www.ok.gov/health2/documents/OK%20HV%20Outcomes%20Measurement%20Plan%20Final.pdf>.

<b>Goal</b>	<b>Outcome</b>	<b>Measurement</b>
Reduce entry into the child welfare system	Reported child abuse and neglect	Percent of children reported to child welfare for child abuse and neglect
	Substantiated child abuse and neglect	Percent of children who are substantiated by child welfare as victims of child abuse and neglect
Improve positive parenting and relationship skills	Maternal depression	Percent of mothers referred for follow-up evaluation and intervention as indicated by depression screening with a validated tool
	Domestic violence	Percent of parents who reported domestic violence that completed a safety plan
Improve parental self-sufficiency	Parental employment	Percent of parents who are seeking employment and become employed after program enrollment or the birth of a child
	Parental educational attainment	Percent of parents who are enrolled in or complete an education or job training program
Improve children's readiness to succeed in school	Developmental milestones	Percent of children referred for follow-up evaluation and intervention as indicated by developmental screening
Improve children's social-emotional, cognitive, language, and physical development, including efforts at early identification of delays	Developmental milestones	Percent of children referred for follow-up evaluation and intervention as indicated by social-emotional developmental screenings

## INTRODUCTION

Oklahoma provides a variety of voluntary home-based family support programs that deliver services to parents expecting a baby and families who have children younger than 6 years old. Parents who choose to participate in a home-based family support program are matched with specially trained professionals who periodically come to the parent's home and offer education, resources, developmental screenings, and other supports that assist parents in caring for infants and young children. Topics addressed during visits include child development, relationship skills, health and safety. Family support programs are provided to parents free-of-charge and are targeted to those families with the greatest need. Parents served by home-based family support programs face challenges including poverty, low educational attainment, single parenthood and young parental age. All of these factors are associated with increased incidence of child maltreatment, poorer health and decreased school readiness.

### Why home-based parent support programs as an effective child abuse prevention strategy?

Evidence on which families and children are most likely to be involved in abuse and neglect investigations has shown:

- The majority of DHS cases are categorized as neglect and most children in Oklahoma die from neglect.
- The majority of children that die from abuse or neglect are under the age of 2 years.
- The most commonly-named perpetrator in child deaths is the biological mother and then the biological father

Reaching families of young children in a home environment with strategies to support and enhance parenting skills is a more cost effective intervention compared to the costs of involvement in the child welfare system. During SFY16 the Oklahoma Department of Human Services reported a 16.1% increase in expenditures from SFY15 for child welfare services, reaching expenditures of \$457.7 million.

### What is the history and current state of Oklahoma's home visiting system?

Oklahoma first implemented a home-based family support program (Parents as Teachers), also known as home visiting, in 1992 through the Oklahoma State Department of Education. The state was one of the first in the nation to make such services available statewide with rapid growth and expansion occurring in the late 1990s and early 2000s.

## Oklahoma Home Visiting in SFY 2017: At A Glance

Programs: 38

Counties Served: 77

Families Served: 4,558

Children Served: 3,768

Home Visits Completed: 45,134

State Funds Invested: \$8.1 million



Early on, the state invested in creating the infrastructure to implement the evidence-based program models necessary to provide a continuum of services to expecting parents, infants, toddlers and children prior to Kindergarten entry. However diminishing resources over the years have caused the availability of services to dwindle. During the past five years, the number and availability of home-based family support services have declined. Instability in funding in recent years has come at a cost to the state's overall home visiting system. Decreases in funds not only mean less resources for direct services, it also creates inefficiencies in maintaining a statewide system. Ongoing budgetary threats have caused uncertainty among service providers, creating costly turnover considering the amount of specialized training required for effective service delivery. Additionally, the more funds required to recruit and train new home visitors due to turnover, means even fewer funds available to serve families, provide quality assurance and quality improvement, and deliver technical assistance and supervision – all of which are vital to a well-functioning family support system.

## Home Visiting Models

Home-based family support services utilize program models, or a specific framework for service delivery. In Oklahoma, the models used are evidence-based,<sup>8</sup> meaning the models have been thoroughly researched and proven to have statistically significant impacts when replicated among similar populations.<sup>9</sup> Evidence-based models currently being implemented include:

- Nurse-Family Partnership (known in Oklahoma as “Children First”);
- Parents as Teachers (known in Oklahoma as “Start Right”); and
- SafeCare Augmented.

*See Appendix I for more information about models.*

<sup>8</sup> Home Visiting Evidence of Effectiveness Review: Review Process. Office of Planning Research and Evaluation, Administration of Children and Families, U.S. Department of Health and Human Services, Washington, D.C., <http://homvee.acf.hhs.gov/Models.aspx>

<sup>9</sup> Home Visiting Evidence of Effectiveness Review: Models. Office of Planning Research and Evaluation, Administration of Children and Families, U.S. Department of Health and Human Services, Washington, D.C., <http://homvee.acf.hhs.gov/document.aspx?rid=4&sid=19&mid=6>

## UNDERSTANDING HOME VISITING

### How do program models match community needs?

Rather than adopt a single, one-size-fits-all program, Oklahoma has chosen to implement three different evidence-based models of home visiting with varying levels of service intensity targeted to meet specific family needs and risk factors. These program models vary in the populations they serve, the length of time services are provided, and in the required education and experience of home visitors carrying out model activities. Such a statewide framework allows rural and urban communities to meet their unique needs. Home-based family support programs are delivered through county health departments and local community-based non-profits. Depending on the needs and size of the community, more than one program may exist in a county, and in some cases, more than one program may exist in the same agency.

During SFY 2017, 38 home-based family support programs provided services to families in all 77 Oklahoma counties. Services are strategically coordinated to create a continuum of services while reducing duplication.

### What do home visitors do?

Home visitors meet with parents and families in their homes at agreed upon, regularly scheduled intervals. Visits can occur as frequently as weekly, bi-weekly or monthly, and continue as long as the parent desires to continue in the program. Programs can last from 6 months to several years depending on the family’s risk factors and needs. During these meetings, home visitors conduct a variety of assessments and address a myriad of issues of concern to parents, including:

- Assessing the health of infants and mothers during pregnancy and immediately following birth;
- Discussing strategies for appropriately managing stress and difficult behaviors;
- Teaching parents how to create a safe and healthy home environment for children;
- Assisting parents in developing plans for work, school and other life goals, as well as linking parents to community resources to support efforts toward achieving established goals;

- Discussing appropriate child development, screening children for developmental delays, and linking families to services for children who are not meeting typical developmental milestones; and
- Linking families to supportive networks in their communities.

### Who are home visitors?

Home visitors have a variety of professional training ranging from nursing, social work, and child development, among others. Requirements for being a home visitor vary by program because services differ based on family needs. Regardless of personal background, all Oklahoma home visitors are required to have specialized training in service delivery, child development, safety, child abuse and neglect, domestic violence, and a variety of other vital topics.

### About the data

Data for all outcome measures reported in this document are collected, maintained and managed in the Efforts to Outcomes (ETO) data system housed at the Oklahoma State Department of Health. Data from ETO are used for external accountability reporting, as well as for internal quality assurance and improvement efforts. Data included in this report represents de-identified, aggregate data. All names and identifying information was removed for analysis.

## Home-Based Family Support Program Locations

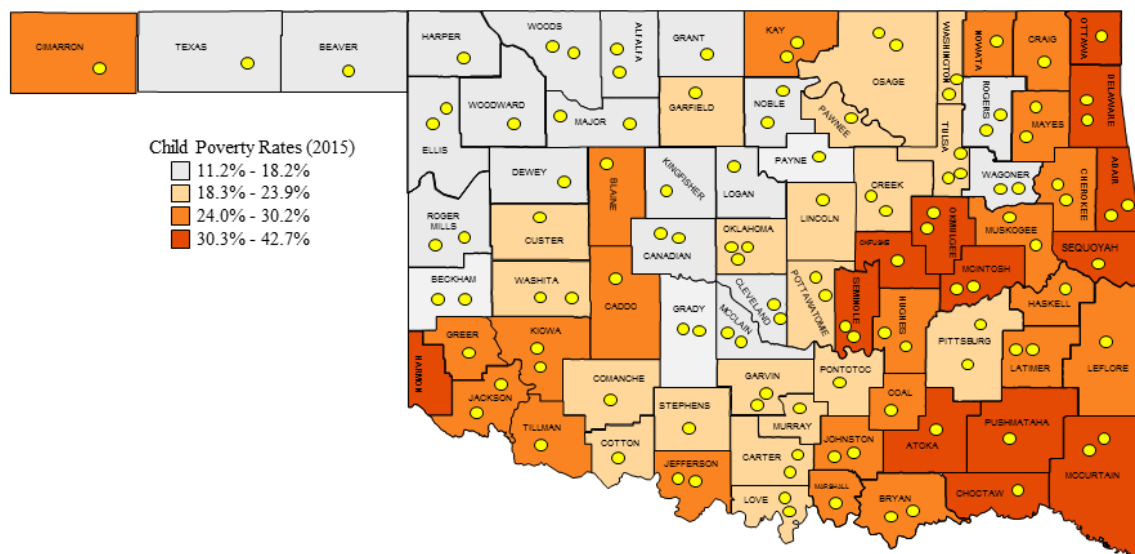


Figure 1. Yellow dots indicate location of home visiting program

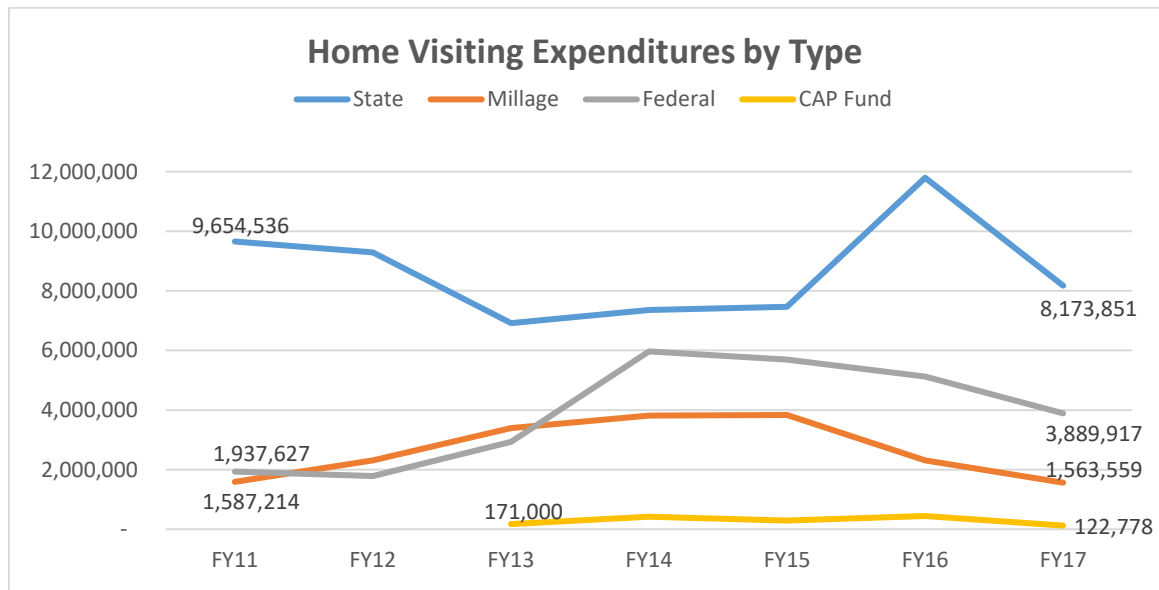
## HOME VISITING PROGRAMS FUNDED IN SFY 2017

### State and Federal Investments

The state has long invested in the creation and sustainability of a comprehensive early childhood system to ensure the long-term health, safety, well-being and educational success of the youngest Oklahomans. Since the mid-1990s, state appropriations have supported home visiting programs as one piece of the early childhood system. Over the years, state investments have diminished. In SFY 2017, \$8.1 million in state funds were used to support home visiting.

While state funding decreased prior to SFY 2015, federal investments increased. Beginning in 2011 with the American Recovery and Reinvestment Act, and continuing with the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV Program) funded by the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA), federal investments have helped sustain home visitation programs in Oklahoma. These federal funds have not only contributed to direct services to families, they have supported investments in:

- Continuous quality improvement aimed at increasing the effectiveness and efficiency of programs;
- The creation of the Efforts to Outcomes (ETO) data system which collects programmatic and outcomes data for all home visiting programs funded through the Oklahoma State Department of Health; and
- Targeted marketing efforts to reach more families in need of home-based family support services, including the creation of an electronic resources hub known as Parent Pro.



### Cost of Serving Families

During SFY 2017, 4,558 families received home-based family support services. During that time, \$13,750,106 of state, federal and local dollars were used to serve families, resulting in an average cost per family of \$3,016. On its face, this amount per family may be slightly misleading, as some program models offer more intensive, and therefore more costly services. For example, services provided to families already involved in the child

welfare system, like counseling, might result in higher costs per family because of the types, intensity and frequency of services provided. Whereas other programs providing more basic, preventive services to families might have lower costs per family. State investments for home-based family support services reflect 60 percent of the total program costs.

SFY 2017 Cost Per Family By Funding Type*	
State	\$1,793
Millage	\$343
Federal	\$853
CAP Fund	\$27
<b>Total:</b>	<b>\$3,016</b>
* Costs Per Family By Funding Type is not reflective of funding type for each family served, as this varies by program model.	

### Programs Funded

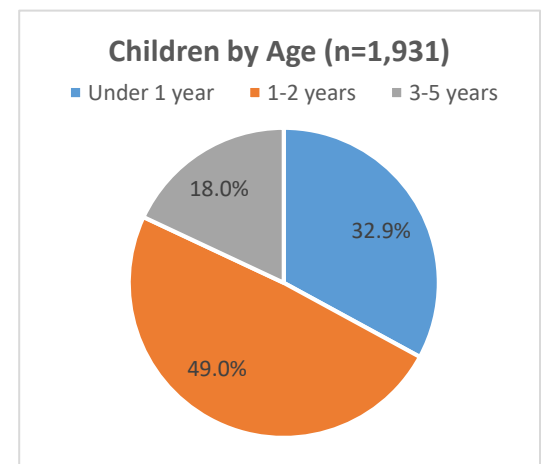
During SFY 2017, Oklahoma implemented three models of home-based family support programs. Among all the models, 38 home-based family support program sites provided services to families in all 77 Oklahoma counties. Programs available included:

- 21 Parents As Teachers (known as Start Right) regional program sites were available to families in 44 counties;
- 14 Nurse-Family Partnership (known as Children First) regional program sites were available to families in 74 counties; and
- 2 SafeCare program sites were available to families in 2 counties.

## PARTICIPANT CHARACTERISTICS

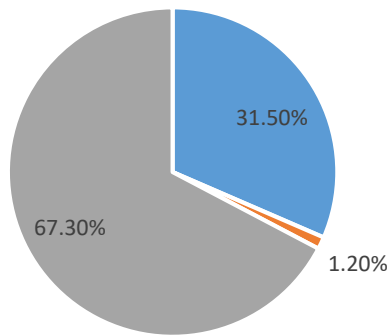
During SFY 2017, home visitors completed 45,134 visits with 4,558 families enrolled in various home-based family support services. These families included 3,768 children. Home-based family support services are targeted to parents and children at greatest risk for experiencing adverse childhood outcomes. Among the family characteristics that increase the risk of poor outcomes are financial stress, teen pregnancy/parenting, and low educational attainment. During SFY 2017:

- Nearly 18 percent (789) of caregivers enrolled were teens.
- Thirty percent (1,188) of caregivers enrolled either did not have a high school diploma or were currently attending high school.
- More than half of caregivers were single parents who had never been married or were unmarried parents living with a partner.
- The majority of children served by home-based family support services were two years-old and younger.



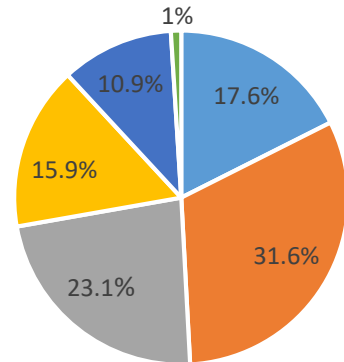
### Caregivers by Type (n=4,537)

Female Caregivers Male Caregivers Pregnant Women



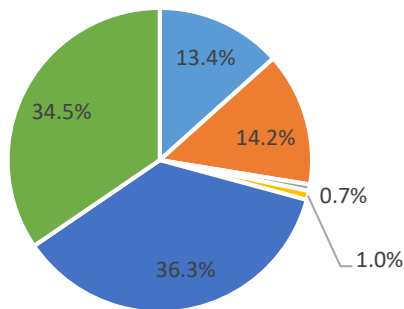
### Caregivers by Age (n=4,552)

19 or less 20-24 25-29  
30-34 35-44 45 and older



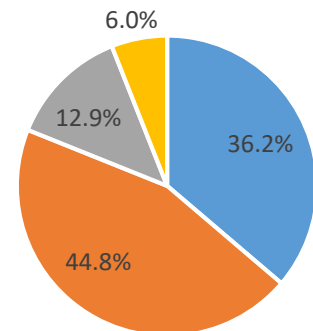
### Caregivers by Poverty Level (n=2,311)

101-133% 134-250% 251-300%  
>300% 50 and under 51-100%



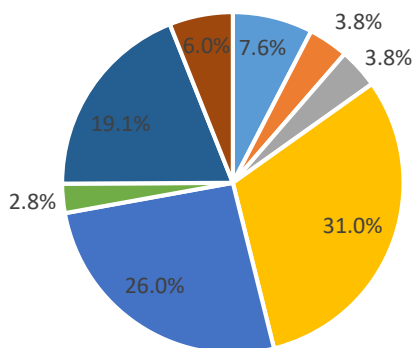
### Caregivers by Marital Status (n=2,195)

Married Single, Never Married  
Not Married, Living Together Divorced, Separated, Widowed



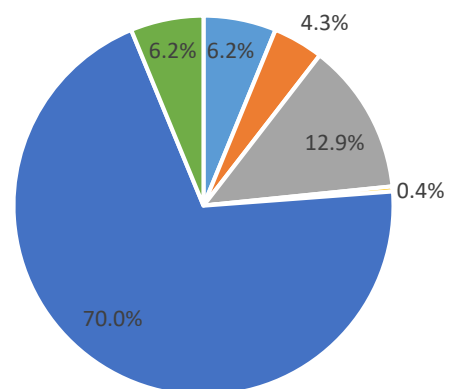
### Caregiver Educational Attainment (n=4,187)

Bachelor's Degree, or higher  
Currently Enrolled in High School  
GED  
HS diploma  
Less than HS diploma  
Of high school age not enrolled  
Some college/training  
Technical Training Certification, Associate's Degree



### Caregivers by Race (n=4,007)

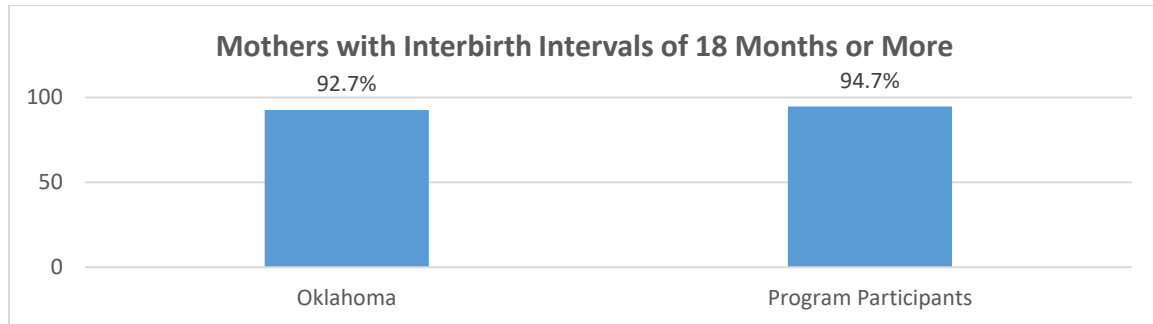
Amer Indian, Alaska Native Asian  
Black, African American Native Hawaiian, Pacific Islander  
White More than one race



## OUTCOME DATA

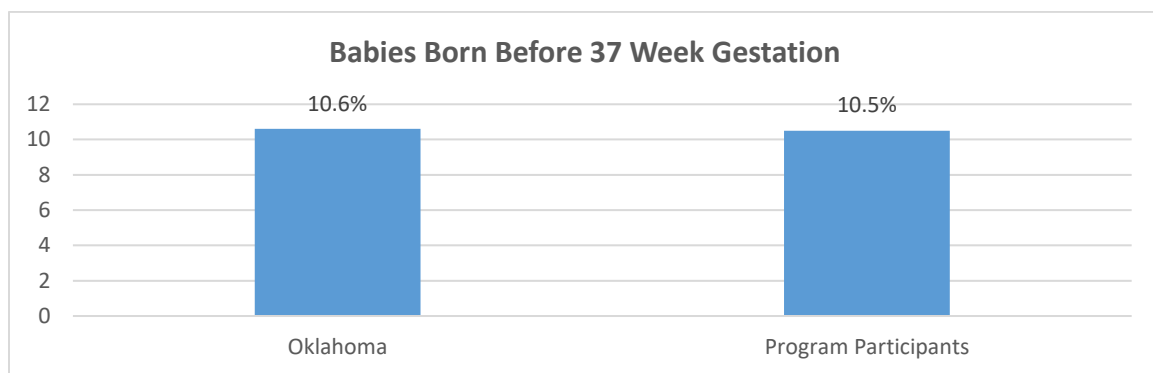
### Interbirth Interval

Giving birth less than 18 months apart increases the risk of babies experiencing poorer health outcomes, like being born too early, at low weights, or even dying before their first birthday. Moreover, increasing the length of time between births can have positive impacts on maternal educational achievement, employment, and family self-sufficiency. During SFY 2017, 95 percent of mothers participating in home-based family support services did not have another child within 18 months.



### Preterm Births

Preterm birth, or births occurring before the 37<sup>th</sup> week, is the leading cause of infant death and long-term neurological disabilities in children, and costs the U.S. more than \$26 billion each year.<sup>6</sup> During SFY 2017, 10.5 percent of babies born to mothers participating in home-based family support programs had babies prematurely. Home-based family support services target women with multiple factors that put them at the highest risk for poor birth outcomes. Program participants give birth prematurely at the same rate as all mothers in Oklahoma. This is considered a success because program participants are at higher risk than the general population for experiencing premature births.

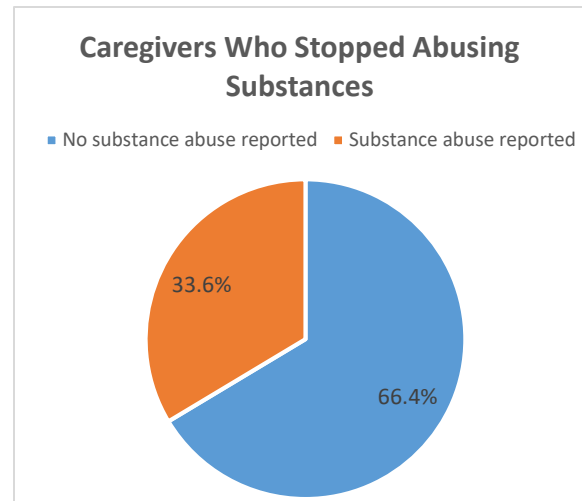


<sup>6</sup> Preterm Birth. (2015). Centers for Disease Control and Prevention, Atlanta, GA.  
<http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>.

### Parental Substance Abuse

Children with parents who abuse alcohol or other illicit drugs are at increased risk for abuse and neglect, as well as academic, behavioral, and physical and mental health problems. The 2015 National Survey on Drug Use and Health showed Oklahoma ranked first in the nation in the abuse of prescription painkillers.<sup>7</sup> The survey further indicated adults 18-25 years-old have the highest rates of abuse. This is particularly worrisome for the state, as the average age of mothers giving birth to their first child in Oklahoma is 24 years.

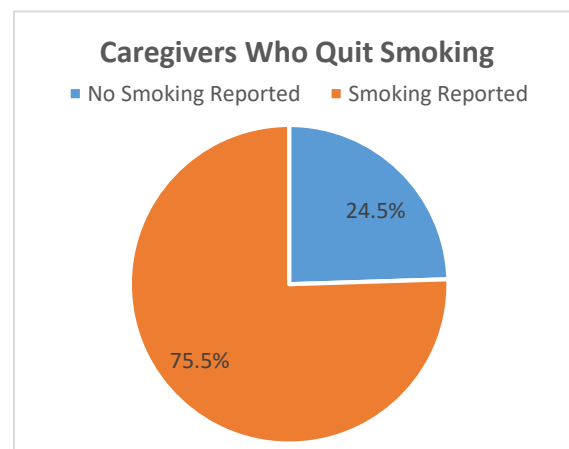
Home-based family support and prevention services help parents stop using and abusing alcohol and drugs. During SFY 2017, two-thirds (66.4 percent) of caregivers who reported substance abuse at the time of program enrollment had quit after 90 days.



### Parental Tobacco Use

Smoking while pregnant increases the risk of miscarriage, low birth weight, preterm birth, serious health problems and Sudden Infant Death Syndrome (SIDS). Moreover, the health risks do not end after the baby is born. Secondhand smoke increases the risk of children developing pneumonia, bronchitis, asthma, and ear infections.

Home-based family support services work with parents to quit smoking. During SFY 2017, one-fourth (24.5 percent) of caregivers who reported smoking tobacco at program enrollment had quit.



### Reported and Substantiated Child Abuse and Neglect

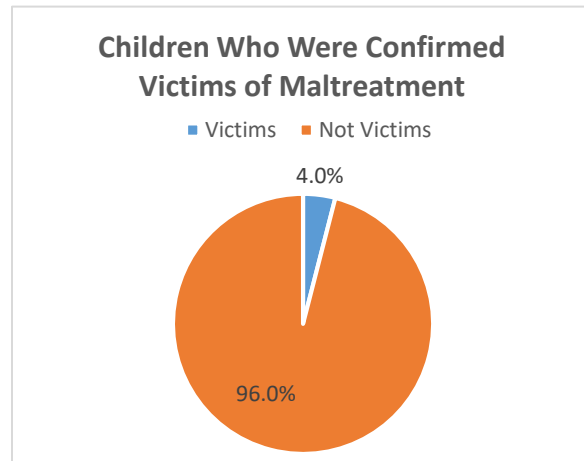
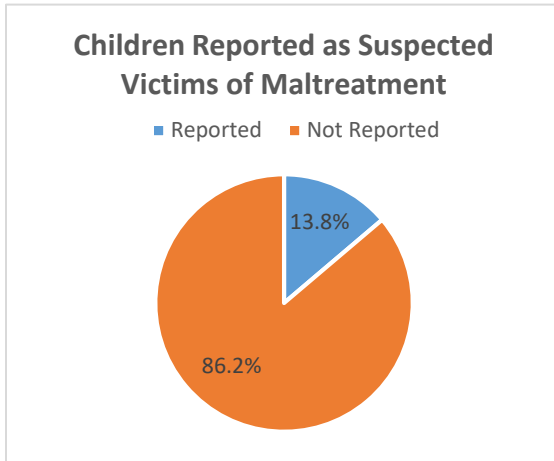
Home-based family support services are nationally recognized tools to help prevent child abuse and neglect. Families participating in home visiting programs typically exhibit multiple risk factors associated with an increased risk of child maltreatment. In SFY 2016, more than 15,000 Oklahoma children were victims of abuse and neglect and nearly 10,000 children were in foster care.<sup>8</sup> While Oklahoma has the highest rates of child maltreatment in the country, and program participants exhibit the highest risk for abuse and neglect, only 13.8 percent of children participating in home visiting were reported for

<sup>7</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). State reports from the 2015 NSDUH. (2016). <https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/state-reports-NSDUH-2015>.

<sup>8</sup> Oklahoma Department of Human Services. (2016). Annual Report, SFY 2016. [http://www.okdhs.org/OKDHS%20Report%20Library/S16050\\_2016AnnualReport\\_ocom\\_12072016.pdf](http://www.okdhs.org/OKDHS%20Report%20Library/S16050_2016AnnualReport_ocom_12072016.pdf).



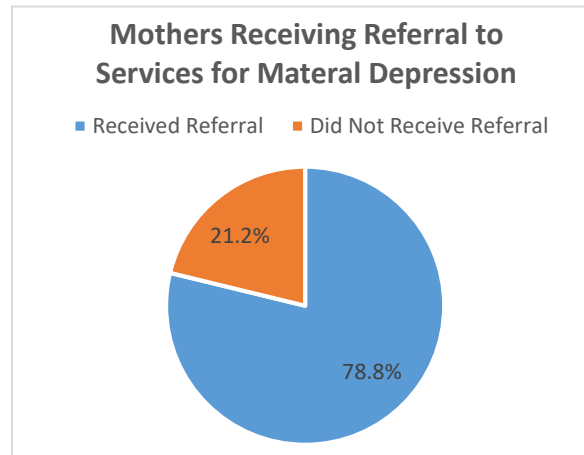
possibly experiencing maltreatment. Of those reported to the Oklahoma Department of Human Services, only 4 percent were confirmed victims of abuse and neglect. Ensuring the health and safety of children at-risk for maltreatment results in significant cost savings related to child welfare involvement and out-of-home placements.



### Maternal Depression

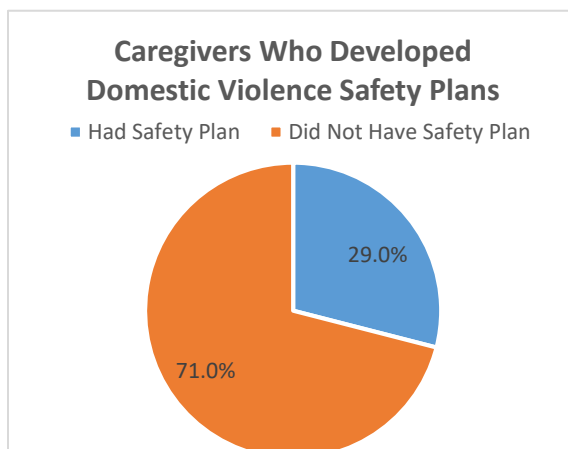
Maternal depression is associated with short- and long-term impacts on mothers and their children, including poor health, developmental delays, increased need for early intervention and special education services, poor academic performance, increased child maltreatment, and decreased maternal employment and income. Mothers participating in home-based family support programs are routinely screened at regular intervals and referred for follow up evaluation and intervention when indicated.

During SFY 2017, 78.8 percent of program participants whose maternal depression screening indicated the need for additional services or treatment received such a referral.



### Domestic Violence

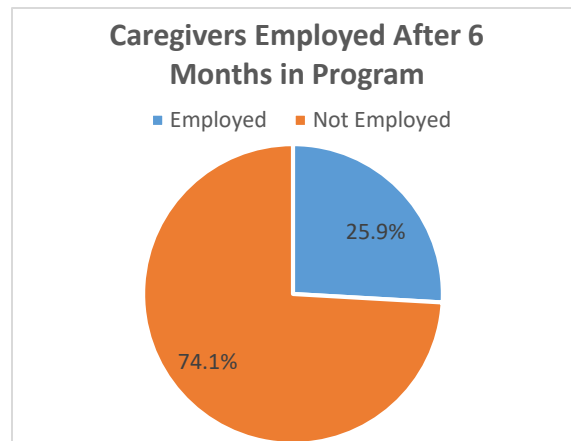
Children exposed to domestic violence experience psychological and health impacts, including behavioral problems, emotional disturbances, and physical health issues. Program participants in home-based family support programs are routinely screened at regular intervals for domestic violence and are referred to services if appropriate. For those who are not yet ready to leave the relationship or situation, home visitors help caregivers develop a



safety plan to ensure the physical safety of themselves and their children. During SFY 2017, 29 percent of those who reported currently experiencing domestic violence had a safety plan in place within six months of reporting the abuse.

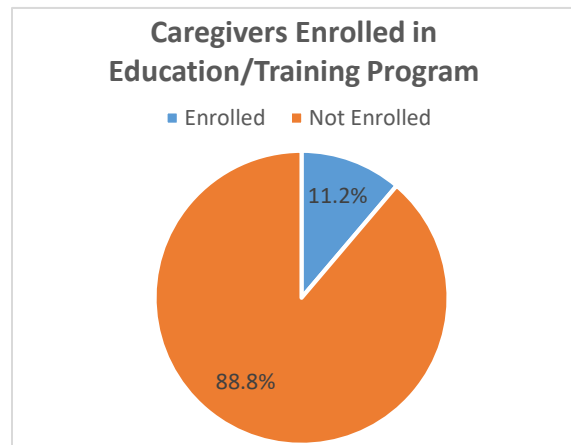
### **Parental Employment**

Stable parental employment is a vital indicator of financial stability and well-being for families. Long-term impacts on children include better health, behavior, academic achievement and financial well-being as adults. During SFY 2017, 26 percent of caregivers not working at the time of enrollment or child's birth, but were seeking employment, were working after six months in the program.



### **Parental Educational Attainment**

Increased educational attainment by parents leads to improved employment opportunities and the potential for increased household income. Home-based family support programs provide resources to caregivers interested in returning to school or vocational training. During SFY 2017, 11 percent of caregivers who had not completed any kind of educational or vocational programs, and were not enrolled in any at the time of program entry but were interested in doing so, had enrolled in such programs while participating in home visiting.

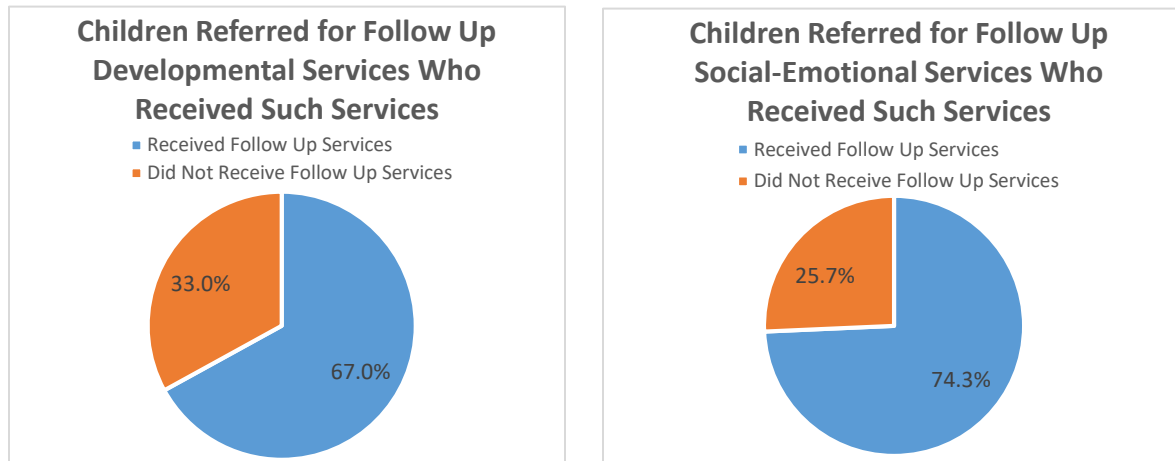


### **Developmental Milestones**

Early identification of developmental delays and disabilities, such as language and hearing, are vital to ensuring children receive early intervention services necessary for school readiness. Children enrolled in home-based family support services routinely receive developmental screenings at regular intervals. During SFY 2017, 67 percent of children who were referred for follow-up evaluation and intervention had received the needed follow-up services.

Social-Emotional skills are also a vital component of school readiness and the early identification of developmental delays. Well-developed social-emotional skills are associated with improved academic performance and lower risk for aggression and anxiety disorders. Having good social-emotional skills early lay a solid foundation for vital employability skills necessary later in life. Children enrolled in home-based family support services are also routinely screened for social-emotional development at regular

intervals. During SFY 2017, 74 percent of children who were referred for follow-up evaluation and intervention had received the needed follow-up services.



## RECOMMENDATIONS

Home-based family support is a relatively new field, with longitudinal research studies examining the long-term impacts on families still being released today. This means evidence-based program models that exhibit effectiveness in a research setting are still being tweaked for field implementation to achieve the kinds of desired outcomes realized in academic settings. Therefore, missing the established outcome target does not necessarily mean failure; it indicates a need for continuous quality improvement. With this in mind, the following actions are recommended to improve home-based family support service delivery and to strengthen the state's early care and learning system:

### Implement Targeted Quality Improvement Efforts

Quality improvement efforts strategically targeted to improve outcomes in the following measures are needed to strengthen the state's early childhood system:

- Increase the number of caregivers experiencing domestic violence who have an established safety plan in place within six months of reporting abuse.
- Increase the number of referrals given to program participants whose maternal depression screening indicated the need for additional services or treatment.
- Increase the number of children who receive follow-up evaluation and intervention services related to developmental milestones.
- Increase the number of caregivers enrolling in or completing education or vocational training.
- Increase the number of caregivers seeking employment who are working after six months.
- Decrease the number of caregivers smoking tobacco.
- Decrease the number of caregivers abusing substances.

Such efforts should seek to understand the barriers to improving these outcomes and implement strategies to overcome identified barriers. Quality improvement initiatives should be informed by families' experiences and respond to their needs. Efforts should also include the exploration of partnerships to improve the above listed outcomes. Examples of collaborative partnerships for quality improvement include training and consultation to increase the development of safety plans with victims of domestic violence, as well as the establishment of funding initiatives to decrease exposure of young children to secondhand smoke.

*Review Policies and Infrastructure Impacting Home-Based Family Support Programs*

Public policy and systemic infrastructure can be contributing factors to poor programmatic performance outcomes. The social safety net exists to support families and allow them to enter the middle class. However, parents participating in home-based family support programs sometimes fall victim to the so-called cliff effect. The cliff effect occurs when families no longer qualify for support programs, like housing and child care assistance, or receive reduced benefits due to a modest increase in earnings. Such phenomena cause a net loss in income for families and becomes problematic for home-based family support programs trying to help parents achieve economic self-sufficiency. Oklahoma must thoughtfully review existing policies and systemic barriers in order to successfully implement quality improvement initiatives.

*Increase Flexibility to Fund Cost-Efficient and High Performing Home-Based Family Support Programs that Meet Individual Community Needs*

Home-based family support programs are funded in different ways. Some programs are awarded through competitively bid contracts that require fiscal efficiency and attainment of high performance standards. Other programs are funded with general revenue dollars through county health departments with no contractual relationship to state-level administrators. Varied funding streams allot specific amounts of money to individual program models that are then dispersed throughout the state. Such a structure creates little flexibility for communities to implement the kinds of services they most need, and at times, offers little recourse for state administrators to address performance issues or implement cost-efficiencies. Placing all dollars used to support home-based family support services into one fund that competitively bids awards to applicant community organizations would allow communities to select the services that best fit their needs, control costs, and allow performance issues to be addressed by state administrators.

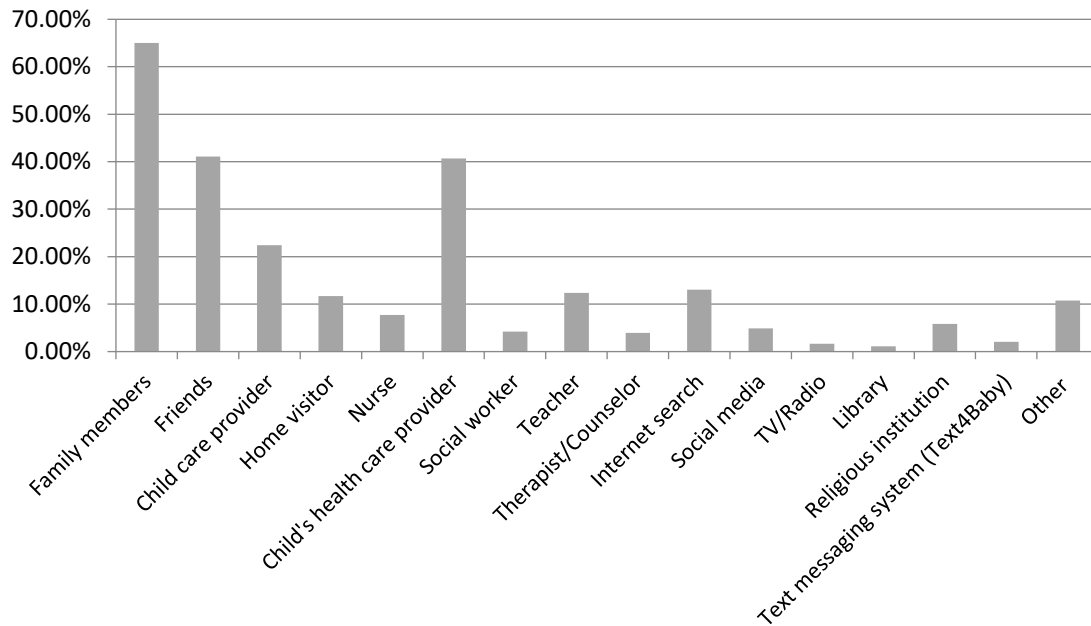
## APPENDIX I: OKLAHOMA’S HOME VISITING MODELS

Program Name	Model Name	Model Description	Target Population	Service Area	Funding Sources
Start Right	Parents As Teachers	Parents As Teachers (PAT) is designed to ensure that young children are healthy, safe, and ready to learn. The PAT model aims to (1) increase parent knowledge of early childhood development and improve parenting practices, (2) provide early detection of developmental delays and health issues, (3) prevent child abuse and neglect, and (4) increase children’s school readiness and school success.	Pregnant women and families with children one year of age or younger with services continuing as needed through age five. Services are targeted to low-income parents.	44 Counties	<ul style="list-style-type: none"> <li>• State</li> <li>• Federal</li> <li>• Private</li> </ul>
Children First	Nurse-Family Partnership (NFP)	Nurse-Family Partnership (NFP) nurse home visitors use nursing experience, nursing practice, and input from parents to promote low-income, first-time mothers’ health during pregnancy, care of their child, and own personal growth and development. NFP is designed to (1) improve prenatal health, (2) improve child health and development, and (3) improve families’ economic self-sufficiency and/or maternal life course development.	Low-income mothers pregnant with their first child with services continuing through two years of age.	74 Counties	<ul style="list-style-type: none"> <li>• State</li> <li>• Federal</li> <li>• Local Millage</li> <li>• Medicaid</li> </ul>
SafeCare Augmented	SafeCare	SafeCare aims to prevent and address factors associated with child abuse and neglect among the clients served. Eligible clients include families with a history of child maltreatment or families at risk for child maltreatment. SafeCare was developed to offer a streamlined and easy-to disseminate program by providing parent training in three focused areas: Child development and school readiness; Child health; and Positive parenting practices.	Families with at least one child under 6 years or younger, and families with risk factors such as substance abuse, domestic violence or mental illness.	2 Counties	<ul style="list-style-type: none"> <li>• State</li> <li>• Federal</li> </ul>

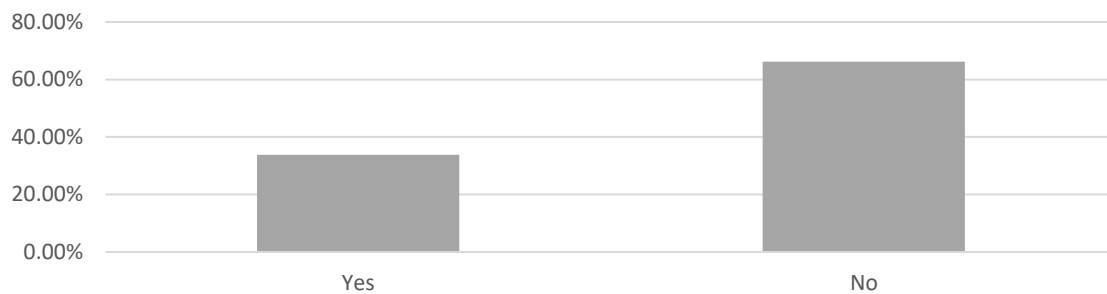
<b>Program Name</b>	<b>Model Name</b>	<b>Model Description</b>	<b>Target Population</b>	<b>Service Area</b>	<b>Funding Sources</b>
OSDH Pilot Program	Parents As Teachers	Parents As Teachers (PAT) is designed to ensure that young children are healthy, safe, and ready to learn. The PAT model aims to (1) increase parent knowledge of early childhood development and improve parenting practices, (2) provide early detection of developmental delays and health issues, (3) prevent child abuse and neglect, and (4) increase children's school readiness and school success.	All pregnant women and families with children 5 years old or younger.	4 Counties	<ul style="list-style-type: none"> <li>• State</li> </ul>

## APPENDIX II: SMART START OKLAHOMA SURVEY RESULTS

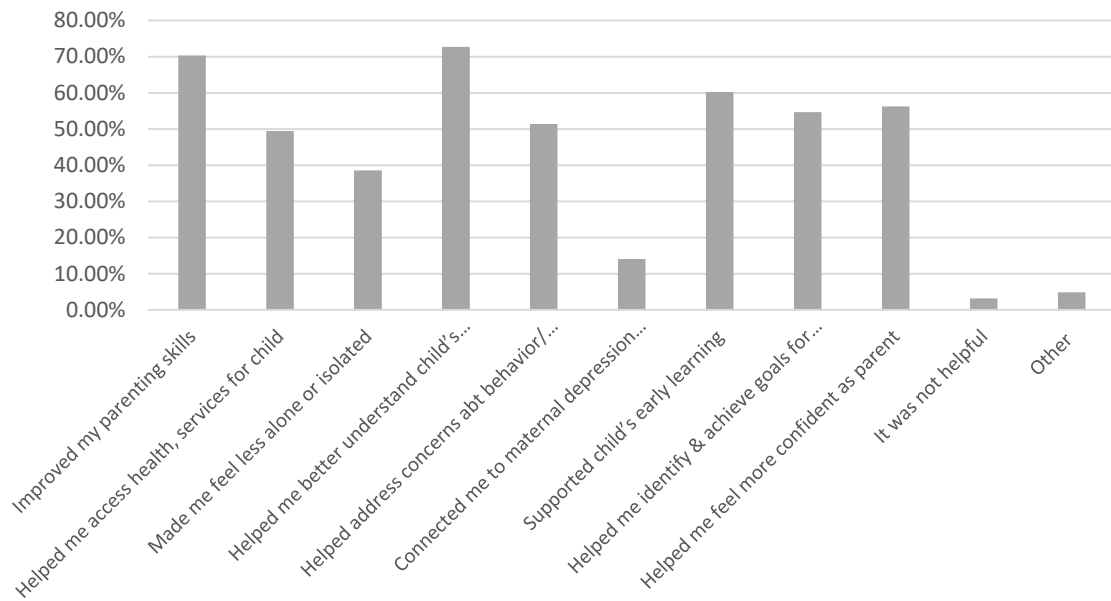
Who have been your primary resources for information, support, or services for your child?



Have you ever participated in a voluntary home visiting program, where a trained professional provided parenting guidance, health information, or other supports to you and your child in your home?



### If yes, did a home visiting program help you and your family in any of the following ways?





### **APPENDIX III: ABOUT THE OKLAHOMA PARTNERSHIP FOR SCHOOL READINESS**

The Oklahoma Partnership for School Readiness, also known as Smart Start Oklahoma, provides a structure for collaborative planning and decision-making to increase coordination between programs, maximize the use of public and private funding, and pursue policies for improving learning opportunities and environments for Oklahoma children under six. The Oklahoma Partnership for School Readiness is a public-private partnership made up of two branches: the Oklahoma Partnership for School Readiness (OPSR) Board, and the Oklahoma Partnership for School Readiness Foundation. Additionally, the OPSR Board is the designated body that serves as Oklahoma's State Early Childhood Advisory Council, as authorized through the federal Head Start Act of 2007 (PL 110-134, Section 642B), and carries out the responsibilities established therein.

#### **The OPSR Board**

To address Oklahoma's need for better coordinated early care and education efforts, the Oklahoma Partnership for School Readiness (OPSR) Board was created by the Oklahoma Partnership for School Readiness Act (Title 10 O.S. § 640). The statewide Board, comprised of relevant state agency heads and private sector leaders appointed by the Governor, was charged to increase the number of children ready to succeed by the time they enter school.

#### **The OPSR Foundation**

The same act authorized a private not-for-profit foundation be created to receive public and private sources of grants and donations to support the legislation. The foundation obtained its official 501(c)3 status in 2004.

#### **Smart Start Oklahoma**

The OPSR Board named its collective school readiness effort Smart Start Oklahoma, an initiative that begins at the local level, as communities recognize that many of their youngest children need better developmental and learning experiences.